	KLIST	DIVISION OF ENVIRONMENTAL HEALTH						
CHILD CARE FACILITY						200	MAGO AN	LOCATION A
A STATE OF THE PARTY OF THE PAR	toundune or other to	and the second second	and the same of th	N REPO		9.10	more and a	
REAS	SON GRADE	Inspection Date:		ISHMENT		2 D O	DE ARIO DE	OK TIED
Regular	of the state of th	Time In/Out:		OPERATO		es c	FENT IIVE	CENTER
Follow-Up Complaint	/	without continuing the touls are	the state of the s	Mod		AZON	H	einunoba 8
Investigati		2146 3:46	LOCATI		stell a buldur		ment Type:	atachead 5.1
Other:	A	Sanitary Permit No.:				emporaryExpired		
	bas b of a point	20000-16000 0 207	PERMIT STATUS:ValidTo					
No. of Children: 5 Male 5 FemaleTotal Child Care License: No.: 160084 / 100084 / 100084								
		violations found this da						
inspection		partment indicates. Not request for hearing must						ыоп. то арреаг
ITEM*								CORRECT BY
1 .4.	A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSACCTION CONDUCTED ON						0000 08	MINIBALIEF
	PARILLA	ME AROTER	50×10	W TIZM	BAI	a.ior.:daynin	of indoor no	(Sequeo)
-0	1 LEVIOUS /	NSMCC//ON	UNH	VEILED	OIU	27.09) =122		64 41 .B
	CODD DANIEL LAIR	INCOMEDIA ENDER A PROPERTY			Literati Principal ci	III ZIERY W	HEIGHVIB ILI SAVE	19/618086.1
8		ovided for each child	28 pr	4	risqs last own	people bas	refernan ei s	9 where not
	THE FOLLOWING WAS OBSERVIED:							
2	able: A 14 29 Onted to Annual Transport Spanish Section 2.							10 Lana ma
	No morane	will mores						
	NO MOLATIC	ons observ	EU.	10			Carria	
	(EBO)	Straighter to not critically 109	QII	14				
2	TIC BRIGHE	ed on them	- /	CLUPI	A BAUT	STA	aw eno brig	11 One Dist
					A-1-1-			
4	'A' PLACHE	> 185UBO#20	07.	2	dily accassible	as to be rea	sequippe an	12 and size
V		120-124-1					116,11	NO WENT
h.	BC livies 1000 areas	Het, levetory and bathing to kitchen liebre cleaned i	10 -00	1				VII 1000 01
	boulant as heights and lane		24				A Te	GH2 SEYAM
	and a second of the second	osets or cabinets	121	-				JOO HATHAT
2	casillaid in nai	other ecitarities concur-		a			anoliciannos	14 No cross
Š	of communication and	lephone or other means	T as	4	95UIOA VIAIINE	e alse moil	samua nataw	MeimahA (-2)
	hablunia #	ia 200 pagaing and	3 70	-	anintio	ni novišenia i	lyman hae	Haimahá ar
S		utside faucet of 3/4" previ					SILITIES	ICTICHEN FA
.10	DISEASE CONTE	NINEL - HEALTH &	PERSO	2	ni bne nasto	1gasl moore	ings and ste	es alaw
a		ment Sanitary Remnit ac.		C	ively sdigened	toelle agnin	and other or	awoonW
	CENTER T	entailines ententes mante			hette II	E res	VIIDE GUIDI	IDQU'INIB
I hav	ve read and unders	tand the above violat	ion(s) an	d I am aw	are of the co		easures to	be taken
					ame & Title			
cited above, they shall be corrected within 10 days of this inspection:				The the manage				
				DEH Inspector (Name & Title):				
(2), (4), (6	6), (14), (21), (23), (24)	, (27), (28), (39) & (40).	1.C	RUZ	1 ). GD	RCIA	Epho)	
Bev: 08/2/05				7		/	11/6.	

DEH-06

White Copy - DEH Yellow Copy - Establishment